07917-0269001

Address to:

10/728,195 Request Application Number For Filing Date December 3, 2003 Continued Examination (RCE) First Named Inventor Lu et al. Transmittal Group Art Unit 1648 Mail Stop RCE Conf No. 7308 Commissioner for Patents P.O. Box 1450 Examiner Name Bo Peng Alexandria, VA 22313-1450

Attorney Docket Number

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

Submission required under 37 C.F.R. §1.114 Note: If the RCE is proper, any previously filed unentered amendments and

amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s)			
a. Previously submitted. If a final Office action is outstanding, any amendment filed after the final Office action may be considered as a submission even if this box is not checked.			
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on			
ii.			
b. 🛮 Enclosed			
i. 🛛 Amendment/Reply	iii.		Information Disclosure Statement (IDS)
ii.	iv.		Other
2. Miscellaneous			
a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a			
period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required)			
b. Cother			
3. Fee The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.			
a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 06-1050			
i. 🛛 RCE fee required under 37 CFR 1.17(e)			
ii. 🛛 Extension of time fee (37 CFR 1.136 and 1.17)			
iii. 🛛 Other Any deficiencies			
b. Check in the amount of \$ enclosed			
c. Payment by credit card (Form PTO-2038 enclosed)			
c. Trayment by credit card (Form 1-0-2000 cholosca)			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type) J. Peter Fasse	Registra	tion No. (Attorney/Agent) 32,983
Signature Peter Force	Date	07	-23-2018